VS. A15ME

DATAUG

24b. REGISTRAR'S SIGNATURE

(County)

Rea. Dist. No.

Somerset

e. IS RESIDENCE

YES NO KI

Hours Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSELAND DEATH

PERFORMED?

DATE SIGNED

NO I

(Stote)

U.S.A.

Found what in this differention form part and the course That he time fitter on the Francis 578 -8-4 58 = 4 HENRY BULLIONER LINES Service Description of the - MANATO 19 H Johnson 1-0078-1958

etely filled in by the funeral director, Pages I and 2 should be filled with

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Them 7 Film 233 9-2-58 et CERTIFICATE OF DEATH

09477

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a. COUNT		Н	Y 0 7	-

	CERTIFICA	TIL OI DEATH		Reg. Dis	st. No.
1. PLACE OF DEATH a. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE  MARY L	b. C	OUNTY	ce before admission)  MERSET
RURAL and give nearest town)	IGTH OF STAY IN 16	c. CITY OR TOWN (If our CRISE		write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION EDW. W. MCCREADY MEMO.		d. STREET ADDRESS		REET	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) EDDIE	Middle VERNON		4. DATE OF	Month GUST	Doy Yeor 24 19 58
MALE WHITE WIDOWED	DIVORCED [	1/18/1907	1 01	years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LABORER  SEA	FOOD $FOOD$	TRY 11. BIRTHPLACE (Stote of MAR YL)		12. CIT	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			0.0.4.
WILLIAM COLLINS		MISSO	URI BRO	ADWATER	5
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no. or unknown) (If yes. give war or dates of service)		FORMANT  ARY TAYLOR		Address MARION	, MARYLAND
18. CAUSE OF DEATH [Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  3 22 / DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	inter E à	Dearhea cholian			3 couls
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Epiles	. (Effer noture of injury in Po			PERFORMED? YES NO
	OCCURRED 20e. PLA foct work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(C	County) (State)
21. I certify that I attended the deceased from alive an	D.	occurred of PA	M, from the coloness (Street, city of ELD, MA)	uses and an the town, state) RYLAND ARYLANI	DATE SIGNED
REGYLETCITY Aug. 26, 1958 Ma	Ariners Cemetery or	etery 2	Crisfield	Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE AD Bradshaw & Sons	Crisfield,	Md. 24a. REC'D	BY REGISTRAR 246	. REGISTRAR'S SIG	

DATE AUG 2 8 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the has VS A15 (4) 15M 10/57

may be retained by the hazer or attending physician.

O FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and a page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon p the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after dea

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MATERIAL LANGE			

### FOR STATE HEALTH DEPT.

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S.	A	15/	1 TO FUNERAL DIRECTOR: Fig. 3 shauld be used as a buriol-transit permit. File pages 1 d with the State-Book		
31	Af 3	175	/		

MARYLAND STATE DEPARTME 9484 MEDICAL EXAMINER'S	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESUDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE COUNTY Semilarity
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH-OF STAY IN 16 and use and 10 who is the corporate limits, write RURAL c. LENGTH-OF STAY IN 16 and use and	C. CITY OR TOWN (If outside corporate limits write URAL and give necrest lown)
d. NAME OF HOSATAL OR INSTITUTION (If not in hospital, give freet address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lucinella Prederice C	Losi A. DATE Month Day Year 18 18 18 18 18 18 18 18 18 18 18 18 18
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (Introduction of the production of the produ
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  KIND OF BUSINESS OR INDUSTR	11. FIRTHPLACE (Slote or foreign country)  12. CIXIZEN OF WHAT COUNTRY?
Chustipher Cottman	14. MOTHER'S MAIDEN NAME VIOLA Smith -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [15], no. or unknown) [17] [18] [19] [19] [19] [19] [19] [19] [19] [19	Roggie Smith Whitrue P. F.D.
18. CAUSE OF DEATH [Enter only one couse per line or (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	15 - 7 morich - Interval Between ONSET AND DIGHT 13 his -
Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost. (c)	

PERFORMED? NO I

(Slote)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County)

Not while

While

of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry and in my

Suicide , Homicide , Undetermined monner opinion death resulted from: Notural causes . Accident ACTUAL DATE SIGNED

factory, street, office bldg., etc.)

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER

CREMATION, 22b. CEMETERY OR CREMATORY 22d. LOCATION (City, lown or couply (Stole) 248. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

DATE AUG 1 8 '58 arthur S. Kraus

Maylar insurt tominante Cettago Hurse The Restrict 1/2. Former Color 1958 Chemispher Cottinier Commission Commission Mengia driet William RED. Granital 7 months -: 10 g 114.58 K.H. Johnson -2000 -25000 1300. 1 8-14-58 John White Father Christopher Collinson

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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I C NOSTIAL OR ALIENDING PRINCIAN: The taw requires that the death certificate be executed within 24 hours after death. Tage 4		TO FUNERAL DIRECTOR: Attorned in by the funeral director		
1	5	A15	[4	)
1	5N	110	)/5	7

9486		CERTIFIC	ATE OF DEATH	4	Reg.	Dist. No.	09480
1. PLACE OF DEATH			2. USUAL RESIDENCE (WI		d. If institution: Reside	dence before	admission)
Somer	rset	MARYLAND	Virgini		Ac	coma	ck
b. CITY OR TOWN (If or RURAL and give neare	utside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate li	mits, write RURAL on	nd give neore	est lown)
Crist		2 days	New C	hurch	83 x	- 3	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give stre	et oddress)	d. STREET ADDRESS			e,	IS RESIDENCE ON A FARM?
Edw. W.	McCready M	emorial Hosp	RFD				YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy	Yeor
(Type or print)	Pamela	Ann	Fletcher	DEATH	8	8	1950
5. SEX 6	COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC			F UNDER 24 HRS.
F	W wido	WED DIVORCED	8-7-58	101	st birthdoy) Month	s Days	Hours Min.
100. USUAL OCCUPATION during most of working	(Give kind of work done 10	6. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country	12.	CITIZEN OF	WHAT COUNTRY
Infant			Crisfie	ld, Mar	yland		E-A TO
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
Lerov	Fletcher		Pats	y Ann F	loss		
15. WAS DECEASED EVER II	N U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No No	res, give wor or dates of service)		Passy Fletc	her. Ne	w Chruch	a. Vi	rginia
18. CAUSE OF DEATH	[Enter only one couse per	line for (o), (b), and (c).]		- 1		INTER	EVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	11-	ma a contak	dela	The s	ONSE	T AND DEATH
Nela	AMEDIATE CAUSE (o)	Processor (C.	A M OD	4 5	010	10 -	
Conditions, if ony,	unbink )	Bull agenon	note !	· Covins	Lynain	au-	
gove rise to imm	rediote Our TO	y Down	1				
lying couse lost.	(c)	ongenital a	Efect in Class	412 st.	dine poo	an_	
Present Was I	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	it NOT RELATED TO THE TERM	HYALDISEASE CON	lor of brees	20	PERFORMED?
20g. ACCIDENT WAS LOOK CONTRIBUTING D	JNDERLYING   206. D CAUSE OF DEATH DICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	item 18.) OUNUEQUES	2	
	Month, Day, Year 20d	INJUIN OCCURRED 20e. F	LACE OF INJURY (Home, form	20f. (City or to	own)	(County)	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.	Whi		octory, street, office bldg., etc	:.)			
21. I certify that	I attended the dece	ased from 8 7	1958, ta 8	3.		I last sav	w the deceaser
alive an 8 -	S 19	5- & , and that deat	h occurred at 10 43				
0.	2 0	2.			city or town, state)		DATE SIGNED
SIGNATURE SE	orge 6 60	ulhru	M.D				
PHYSICIAN'S NAME (Type)	us 6 bor	ellow In T. F.	168				
220. BURIAL, CREMATION, BEMOVAL (Specify)	3-9-58	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or count	Y)	(Stote)
23. FUNERAL DIRECTOR'S	IGNATURE _	ADDRESS	240. RFC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	/
/asle	ile The	Elean	DATE	HG 1 1 '58	Reel.	1-1	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in liem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR:

3 should be used as a burial-transit permit. File pages 1. 2 with the State Board of Health, or its designated agent, partor to burial, cremation, or removal, and in any event within, mours after death.

VS. A15ME 5M 2/57

9487

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Reg. Dist	. 140.	
D. COUNTY	MARYLAND	2. USUAL RESIDENCE (W			Wicomi		sian)
b. CITY OR TOWN (If autside corporate limits, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				9	rn)
near Kingston	hours	Salisb				2212	. 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS 7 Delaway	re Stree	t			SIDENCE FARM?
3. NAME OF First DECEASED (Type or print) Floyd	Middle Jo	hns on	4. DATE OF DEATH	Manth		Doy Ye 3 19	58
Male Col.	RRIED NEVER MARRIED 8.	May 16, 191	fo	GE (In years at birthday) 39 yrs.	Months Do	EAR IF UNDER	R 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work dane 10 during mast of working life, even if retired)  1aborer	b. KIND OF BUSINESS OR INDUSTI Chicken Factory	Salisbury	or foreign to py	rsonsb nd	U.S	N OF WHAT C	OUNTRY
13. FATHER'S NAME  Charles Johns	son	14. MOTHER'S MAIDEN N Nettie Park					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown]  WW II	16. SOCIAL SECURITY NO. 17. IN 213-14-6244	Nettie Johns	son - Par	Address rsonsbu	ırg, Ma	ryland	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.		in Wate	<b>Y</b>			INTERVAL BETWEE	N H
PART II, OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING CAUSE OF DEATH.	S CONTRIBUTING TO DEATH BUT N				EN IN PART 1	PERFOR	UTOPSY MED? NO
20c. TIME OF INJURY Month, Day, Year 20 Hour p. m. 8 - 3 1858 W	/hite Not white	IT LOW & CE OF INJURY (Home, farm, yr, freet, office bldg., etc.)	King	not c	Solution Solution		(Stote)
21. I certify that I taak charge of the opinion death resulted from: Natura				ction <b>(7)</b> , , Undeter	Inquiry rmined ma		l in my
ACTUAL SIGNATURE CLU SIGNATURE	en	_M.D. CHIEF MEDICAL EX.	******			DATE SIG	GNED
EXAMINER'S P.H. Joh	nson	ASSISTANT MEDICAL E		Aus	SUS 1	4-4-5	-8
220. BURIAL CREMATION. 22b. DATE THEREOF  SEMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR ADDRESS	ma Bu	22d. LOCATION  BY REGISTRAR	Cen	or county)	(State)	
		/					

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District to the orders of the state of the second of the s

P.H. Johnson

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CERTIFICATE OF DEATH

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nd giv	ve nec	arest town)
		e. IS RESIDENCE ON A FARM?
		YES NO D
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hs D	ays	Hours Min.
CITIZ	EN	DE WHAT EQUITRY?
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	INT	ERVAL BETWEEN SET AND DEATH 16 hours
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PART 1	l(a) 1	9. WAS AUTOPSY PERFORMED?
		PERFORMED? YES NO
(Co	unty)	(State)
I la	st sc	w the deceased
n the	da	te stated above.
		DATE SIGNED
nd	8	~30~5 <b>3</b>
ty)		(State)
		1112.

3400	Re	g. Dist. No.
1. PLACE OF DEATH O. COUNTY OMERSET MARYL	and 2. USUAL RESIDENCE (Where deceased lived. If institution: R a. STATE MARYLAND b. COUNTY	esidence before admission)  OMERSET
b. CITY OR TOWN (If outside carporate limits, write RURAC eld give nearest town)  LIFETIM	- 1	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  AT HOME	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EARNIE Middle	JONES 4. DATE OF DEATH AUGUS	7 28 1958
S. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	NOV2Z-1877 So yrs. Mo	NDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done driping most of working life, even if retired)  HOUSEWIFE  XONE	INDUSTRY 13. BIRTHPLACE (State or foreign country)  ARY (AND	2. CITIZEN OF WHAT COUNTRY
WILLIAM KELLY	14. MOTHER'S MAIDEN NAME	SHORES
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY-NO.  (Yes, no. or unkgown)  (If yes, give wor or dates of service)	DANIEL JONES - HUSBAND	-CHANCE M
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Myecardial	infarction	INTERVAL BETWEEN ONSET AND DEATH 16 hours
420.0 DUE TO	eretic heart disease	years
gave rise to immediate coese (a), stating the under-lying cause last.  DUE TO  and Hyper to	ensive cardievascular disease	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD  A CONTRIBUTING TO	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO F
OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 5=20= alive on 8=28=58 , 19		
ACTUAL SIGNATURE VENETIC Sciller	ADDRESS (Street, city or town, state	DATE SIGNE
PHYSICIAN'S Everett C.Sutter	m.b.	
220. BURNAL, CREMATION, 1226. DATE THEREOF 22C. NAME OF CEMEN EMOVAL (Specify) 8/31/58 HAVLE	METHODIST 238. OCATION (City, town, or con	onty) (State)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	Pand My 240. REC'D BY REGISTRAR 24b. REGISTRAR DATE SEP 8 '58 Outline	
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MARYLAI	ND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
F 0 0	CERTIFICATE	OF DEATH	

	9489	CERTIFICA	AIE OF DEATH	Reg. Dist	. No. (13400)
1.	PLACE OF DEATH; o. COUNTY  O. MERSE  T	MARYLAND	2. USUAL RESIDENCE (Where deceased		
-	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LIFE	CCITY OR JOWN (If outside corpor	ate limits, write RURAL and gi	
	d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	ss)	d. STREET ADDRESS MAIN	AD CA	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECRASED THOMAS	Middle	KELLY 4. DATE OF DEATH	AUGUST	Day Year 18 1958
1	SEX ARE 6. COLOR OR BACE 7. MARRIED & WIDOWED	DIVORCED	JUNE 25-1879	lost birthdoy) Months [	YEAR IF UNDER 24 HRS. Days Hours Min.
100	2. USUA OCCUPATION (Give kind of work done 10b. KIND during most 51 working life even if retired)	OF BUSINESS OR INDU	STRY J. BIRTHPLACE (Stole or foreign co	MD 12. CITIZ	ZEN OF WHAT COUNTRY?
1	FATHER'S NAME KEL	LY	14. MOTHER'S MAIDEN NAME	VEBSTER	
		ONE NO. 17.	RS ELLA KEL	LY- DEAL	ISCAND.
		(o). (b). and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate DUE TO	ngestive :			days
	lying couse lost. (c) Ar		otic heart failu:		years
CERTIFICATION		bral vasci	1 . 1 . 0	yr ago, urer	PERFORMED?
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY	OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		ounty) (Stote)
	21. I certify that I attended the deceased from alive an 8-18-58 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	occurred at 7p M, fram	the causes and an the	e date stated above.  DATE SIGNED
E	PUNEAU DIRECTOR'S SIGNATURE	NAME OF CEMETERY OF	M.E. 22d OCATI	ON (City, townfor county)  STAN (24b, REGISTRAR'S SIGN	7(State)
Ça	L. Hebsen-	Lual ,	Sang DATE AUG 2 2 '58		

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09484

01.00

Bradshaw & Sons, Crisfield, Md.

	9431	}								Reg.	Dist. No	».	
1,	PLACE OF DEATH o. COUNTY	Somerset		MARYLAI		o. STATE Ma	ryl			itution: Resi			ission)
1	o. CITY OR TOWN (III and give nearest town)	Crisfield	URAL	c. LENGTH OF STAY IN	lb .	c. CITY OR TOW		ield	porote limits, wri	te RURAL o	nd give n	eorest to	wn)
		McCready H		bital, give street oddress)		Box654,		emant	own, Cr	isfiel	Ld	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First RAPHAE	L	Middle	LF	Lost EMPKINS		4. DATE OF DEATH	Mo Aug		Doy		(eor
5. 5	Male		MARRIE	NEVER MARRIED DIVORCED	-	Teb. 18,	191	3	9. AGE  In years   last birthday) 45 yr	Months	R TYEAR Days	IF UND Hours	ER 24 HPS. Min.
100	usual Occupation during most of working Crab Pi	life, even if retired)		ind of Business or Ind Seafood	USTRY	Virgin		or foreign c	ountry)	12. CI	USA	F WHAT	COUNTRY
13.	FATHER'S NAME	Harrison Le	mpki	ns	1.	odelia	_						
15.		R IN U. S. ARMED FORCE If yes, give war or dates of ser None				Mildred	l Le	mpkin	s, Box		Crist	field	i, Md.
	PART I, DEAT		per line f	Coronary  Arterios							INTE	EVAL BETWIET AND DEA	EEN ATH Ces
Z	(o), stating the u	nderlying DUE TO (c)	TIONS CO	NTRIBUTING TO DEATH BE	TON TU	RELATED TO THE	TERMIN	VAL DISEASI	E CONDITION C	SIVEN IN PA	RT 1(0) I		
CERTIFICATION	Had CO	SE WAS 20b.		Street and	-		-			car		YES [	NO X
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Year	While	NJURY OCCURRED 20e. Not while of work	PLACE factory,	OF INJURY (Home, street, office bldg	, form, j., etc.)	20f. (City	or town)	(C	ounty)		(Slate)
		esulted from: No	aturol c	emoins described o	1 .	, Suicide			_		monne	er 🔲	d in my
	SIGNATURE  EXAMINER'S NAME (Type)	filliam H. C		ourn, M. D.	N.	A.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDI	AEDICA	L EXAMINE		ar	4	12	158
220		8/16/58		22c. NAME OF CEMETERY Lawsonia Cer					rion (City, town		1	(Stote	e)
23.	FUNERAL DIRECTOR	SIGNATURE	-64 -	ADDRESS 1.a. M.a.		240.		BY REGIST		Cistrar's s			
	rive of 9 nets	OC DODE 1307	STIA			DAT	TE T				al. IVV	ANNA .	

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded locks. Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: It is should be used as a burial-transit permit. File pages 1 to with the State Board of Health, or remaying any event within a nours after death. VS. ATSME 5M 2/57

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	343			CERTII	HCA	IF OF L	HAIF	1			Reg. D	ist. No		
1. PLACE OF D	OMER	SET		MARYL		2. USUAL RESI	DENCE (WH		d lived. If in b. CO		on: Reside	~	re admis	_
b. CITY OR	TOWN (If of	outside corporate limi	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR	TOWN (If o	utside corpo	orate limits, w	vrite RI	JRAL ond	give ne	arest tow	n)
KOKAL OII	~	FIELD		4 DAYS		X CF	RISF	TELD						
QR_INSTI	F HOSPITAI	L (If not in hospital, g	ive street OR I.			d. STREET A	11 -						ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or prin		HERM	(AN	Middle $F$		NE I	SON	4. DATE OF DEATH		Mon!	h	12	y .	Year 58
5. SEX		6. COLOR OR RACE		IED NEVER MARRIE		DATE OF BIRT	4.0	0.17	9. AGE (In	years doy)	IF UNDE Months	R 1 YEAR	Hours	ER 24 HRS.
M		W	WIDOW		Personal Princers	JAI		-	171	yrs.	Wighting	Duys	110013	Mill.
auring mos	of working	N (Give kind of working life, even if retired NOYED	done 10b.	KIND OF BUSINESS OF	RINDUSTI	01		or foreign $C$ $IELD$	71.45		12. C		JSA	T COUNTR'
13. FATHER'S N	AME					14. MOTHER'S	MAIDEN N	IAME						
	JOHN	V H. NEI	SON			Be	tty	Laws	on					
15. WAS DECEA	ASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT				Addr	ess			
3232	Yes	Was 1	ervice)		C	LAREN	CE N	ELSO	N. CI	RIS	FIE	LD .	$M_1$	0.
Condition gove ris couse (o). Lying cou	ns, if any stating the stating the	WAS CAUSED BY: MMEDIATE CAUSE (o  DUE TO  which mediate e under:  DUE TO	)	arcela (c). [d). and (c).]	int	estesi	al C	ugs	noic	e e		ON	ERVAL B SET AND 2 Q	o DEATH Crys
EAS				ONTRIBUTING TO DEA							EN IN PA	RT 1(o)	PERFO YES	DRMED?
OR CONTR	BUTING [	UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature a	f injury in P	ort I or Par	t II of item 1	B.)				
20c. TIME C	o. m. p. m.	Month, Day, Yes	20d. It While at worl	Not while	20e. PLAC facto	E OF INJURY (I	Home, form, bldg., etc.	20f. (City	y or town)			(County)		(State)
alive an  ACTUAL SIGNATURI PHYSICIAN	\$ 	I attended the	, 19.5 R or	A //	death o	ccurred at	(SFI	ELD,		ses a town, s	nd an stote)	the do	te stat	decease ed abav ATE SIGNE
NAME (Typ							010.							
REMOVAL	(Specify)	8/15/58	7	American				-	TION (City, 10	_	Mary)		nd (Stor	le)
23. FUNERAL DI	RECTOR'S	SIGNATURE	7	ADDRESS			24a. REC'E	BY REGIST		_	TRAR'S SI			
Xe-m	1/1/	lenne		0-1-61	-14	W-2 >	DATE							

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CER

TIFICATE OF DEATH	Reg. Dist. No.	0948
		11010

o. COUNTY Somer	get	·.	MARY	THE PARTY NAMED IN	o. STATE  Marylar		d lived. If instituti b. COUNTY Some		e before	odmis:	sion)
b. CITY OR TOWN RURAL ond give Chance	(If outside corporate lin nearest town)	nits, write	c. LENGTH OF STAY	IN 1b		N (If autside carpo	orate limits, write R		jive near	est tawr	n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital.	give street o	oddress)		d. STREET ADDRE	SS			e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	John	rst R.	Middle ernice	Par	Last	4. DATE OF DEATH	Mor		Day		Year
5. SEX	16. COLOR OR RACE		IED NEVER MARRIE		ATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER			19 58
male	white	WIDOWE	_		Setp.24r	TART	lost birthdoy) 76 yrs.			Haurs	Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retire	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (	State ar foreign c		12. CITI	ZEN OF	WHAT	COUNTRY
retire	d waterm	en en			Marvla	nd		TT	S.A		
13. FATHER'S NAME	a necoim	et I I I		11.	4. MOTHER'S MAIL				D.A	-0	
Taba	D1										
	Parks VER IN U. S. ARMED FO	DCESS IV	SOCIAL SECURITY NO.		canatte	J	ones				
(Yes, no. or unknown)	(If yes, give war or dates of		SOCIAL SECURITY NO.	I/. INFO	KMANI		Add	ress			
no				Mrs	Ella J.	Parks	Chance	Mar	vla	nd	
	EATH [Enter anly one o		e far (a), (b), ond (c).]						INTER	VAL BE	TWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	, C	erebral va	scular	accident	t			ONSE		Wooks
331X	DUE TO					•					HOOKE
Canditians, if	anu subinh l	C	erebral Ar	terios	cleresis				35	ear	49
gave rise to	immediate	b)							J	Gett	O
lying couse los			Generalize	d Arte	riescler	esis			v	ear	8
PART II. O	THER SIGNIFICANT CO	IDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART		WAS	AUTOPSY
260 X	diabetis,	7	Pubic Pres			restated					RMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CCURRED. (E	nter noture af injur	ry in Part I or Par	t II of item 18.}				
20c. TIME OF INJU	10	20d. IN While at wark	Not while	20e. PLACE foctory.	OF INJURY (Home, , street, affice bldg	, farm, 20f. (City ., etc.)	or town)	(C	ounty)		(Stote)
21. I certify	that I attended the	decease	ed fram11	10-55	_, 19, ta	8-12	<b>58</b> 19	that I I	ast sav	v the	decense
alive an			and that								
	50 -		1' and mar	acam oc	corred di		treet, city or town,		e date		AJE SIGNE
ACTUAL SIGNATURE	berell	1/2	hate	M.D.	Damo		r. Maryle		8-	140	58
PHYSICIAN'S NAME (Type)	Ever	ett C	Sutter MD								
220. BURIAL, CREMATI REMOVAL (Specific Durial			22c. NAME OF CEME				TION (City, town,		.3	(Stote	e)
23. FUNERAL DIRECTO	R'S SIGNATURE	208	ADDRESS	ueme t	ery	DECID BY DECIG	RAR 24b. REGIS	TRAP'S SIG	NIATURE		
Nein	2 R. 11/10	Pr. Pr		nne.	Md. DATE	BILL O F	'58	Orthun.		aud	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached use as the burial-transit permit. Then please remove carbon fers. Pages 1 and 2 shauld be filed with the registrar priar to burial, emation, or remaval, and in any event within 72 bars after de VS A15 (4) 15M 9/55

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## FOR STATE HEALTH DEP

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVA MINERIC CERTIFICATE OF BEATU OLOZ

09487

	1494 ME	DICA	r EVAMINA	EK 3	CERTIFICA	ATE OF	DEATH	Reg. Dist.	No.
PLACE OF DEATH					2. USUAL RESIDENCE	E (Where decea			before admission)
Son	erset		MARY	LAND	o STATE		Okee	chobee	
b. CITY OR TOWN	(If autside corporate limits, writ	e RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	l (If outside cor			
Princes	s Anne				Okeecho	obee	4	8 x 3	
	PITAL OR INSTITUTION (	If not in hosp	pital, give street addres	s)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir	io Pe	Middle P. C. Z.		Lost	4. DATE OF DEATH	Augu		Day Year 16 19 5 8
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. E	ATE OF BIRTH		9. AGE (in years	IF UNDER TY	
Male	Spanish	WIDOWED	DIVORCED		pril 4 1	1037	lost birthday)	Months Da	ys Hours Min.
	TION (Give kind of work king life, even if retired)	done 10b. K	IND OF BUSINESS OR			ote or foreign o		12. CITIZE	OF WHAT COUNTRY
aborer	and me, even a remed,	Far	rm Work		Texas			U.S.	A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME			
Unknown					Natibida	d Pere	Z		
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.		DRMANT		Address		
No or unknown)	(ii yes, give war ar access or			Spa	nish Lab	or Can	me New	hurch	Va.
18. CAUSE OF D	EATH [Enter only one can	use per line f	for (a), (b), and (c), )						INTERVAL BETWEEN ONSET AND DEATH
	ATH WAS CAUSED BY:		actured S						ONSET AND DEATH
Conditions, if	ony, which (b)	C	ompound F	ract	ure left	fores	ırm		
(a), sloting the	underlying DUE TO	M	ultiple I	ACAY	etions	Tatem	and Inda		
PART II. C	THER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART 1	PERFORMED?
D SYTERNIAL C	ALICE MAC 20	N. DECCRIPE	HOW INDEX OCCUR	DED IE-A			41: 40:		YES NO
PRIMARY TO OF CAUSE OF DEAT	AUSE WAS ONTRIBUTING 1		tomobile		5 A	. 1		Caman	+ WA
	JURY Month, Day, Yes		NJURY OCCURRED 20	e. PLACE	OF INJURY (Home, f	orm, i 20f. (City	or town)	(County	
3 : 15	8. 11 18	Nhile		High	, street, office bldg.,		A.		
	that I tank charge								merset M
			_	-			nspection [		X
opinion deat	h resulted from:	Natural c	auses [], Accid	dent X	, Suicide [],	Homicide	, Under	ermined ma	nner
ACTUAL SIGNATURE	LOG YOU	سيكا	Lon		M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S					ASSISTANT MED	DICAL EXAMINE	R 🔲		
NAME (Type)	R. H. Jo	hnso	n M. D.		DEPUTY MEDICA	AL EXAMINER	2	August	11, 19 5
	ION, 226. DATE THEREC	OF	22c. NAME OF CEMETE	ERY OR CI	EMATORY	22d. LOCA	TION (City, tawn,		(Stote)
burial	(y) Aug. 15,	195	3 Corpus	Chri	stim Tex	2.3			
23. FUNERAL DIRECT	The state of the s		ADDRESS			GG BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	
201	111, Osm	7 , Pr	rincess A	nne	MID. DATE	HUG 1 5 '5	8 Or	Chris S. 44	aus
() TOUR	INACOUNT	- 11	THEEDS A	11110	TATTA DALE				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 1 should be used as a burial-transit permit. File pages 1 compared with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event without agent death. VS. A15ME 5M 2/57

MEDICAS BYANKINER'S CERTIFICATE OF DEATH Primaces: sind olaa 3.07 Escol hadiolds and the state of t askenja farenami, finik berar parel Company Ches and Sant Shing of aniquini Tennedmi . anglya mana siglilay .bh descents our accordent . Descent auc sometime Hd. tengence some meroning of vertical to the do if the care A PROPERTY OF A STATE OF THE ST I at goodfol 5 A da el "El damena Marcell # 100 Mercy Congress Con . dl. . name The target of the state of the

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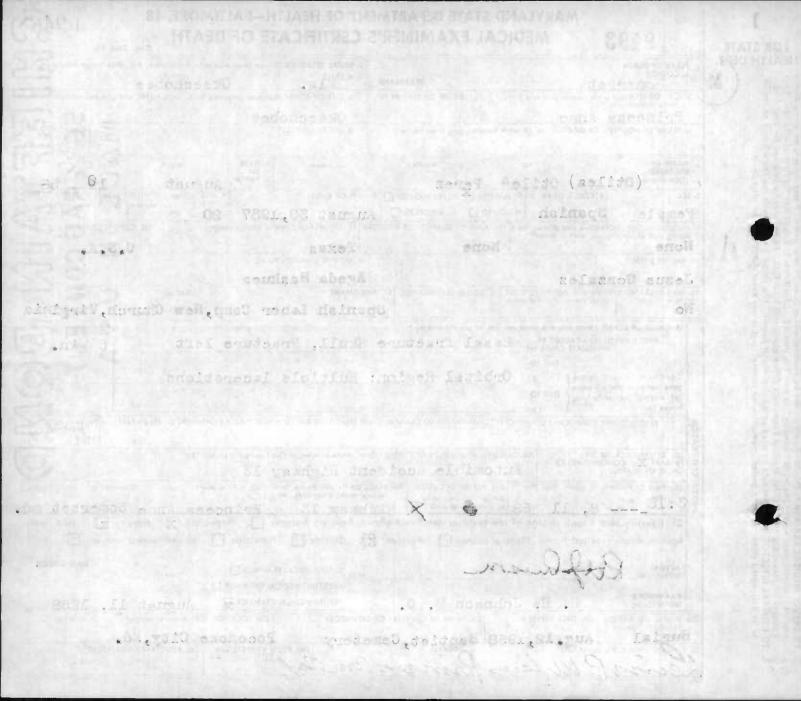
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09488

CE OF DEATH OUNTY SOME Set  MARYL TO OR TOWN (If outside corporate limits, write RURAL and give necest fown)  CINCOSS AND  AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  OLD B. COUNTY
TY OR TOWN III cutside corporale limits, write RURAL c. LENGTH OF STAY IN rincess Ame	LAND
rincess Anne	Fla. Okeechobee
rincess Anne	
	Okeechobee 428 x - 3
	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARMS
AE OF First Middle	
EASED	OF
or prin(Otilea) Otilea Perez	August
6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HR lost birthday)  Months Days Hours Min.
nale Spanish WIDOWED DIVORCED	□   August 30, 1937   20 yrs.
UAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN g most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
ne None	Texas U.S.A.
HER'S NAME	14. MOTHER'S MAIDEN NAME
sus Genzalez	Ageda Baskuea
The state of the s	
er unknown]     If yes, give war ar dates of service)	Notice
	Spanish Labor Camp, New Church, Virginia
CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Basal fractur	re Skull, Fracture left 5 Min.
8757	J milit
DUE TO	
ve rise to immediate couse (b) Orbital Region	on: Multiple lacerations
, stoting the underlying DUE TO	
use lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
EVERNIAL CARRE WAS ONL DESCRIPT HOW WILLIAM OCCUPAN	
	RED. (Enter noture of injury in Part I or Part II of item 18.)
	ident Highway 13
	De. PLACE OF INJURY (Home, form. 20f. (City or lown) (County) (State)
. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	foctory, street, office bldg., etc.) Highway 13 Princess Anne Somerset me
While Not while	
15 a.m. 8 11 1958 of work of work	Labour hold on Autoniu Cl. Invention Co. 1
. I certify that I taak charge of the remains described	d abave, held an Autapsy 🔲, Inspection 🛣, Inquiry 🛣, and in m
15 a.m. 8 11 1958 of work of work	d abave, held an Autapsy 🔲, Inspection 🛣, Inquiry 📆, and in m
. I certify that I taak charge of the remains described	d abave, held an Autapsy, Inspection, Inquiry, and in m dent, Suicide, Hamicide, Undetermined manner
I certify that I taak charge of the remains described inian death resulted fram: Natural causes . Accide	d abave, held an Autapsy , Inspection , Inquiry , and in mident , Suicide , Hamicide , Undetermined manner
I certify that I taak charge of the remains described inian death resulted fram: Natural causes . Accide	d abave, held an Autapsy , Inspection , Inquiry , and in medient , Suicide , Hamicide , Undetermined manner  M.D. CHIEF MEDICAL EXAMINER
I certify that I taak charge of the remains described inian death resulted fram: Natural causes . Accide CTUAL CHARLES NATURE	d abave, held an Autapsy , Inspection , Inquiry , and in modent , Suicide , Hamicide , Undetermined manner   M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER
Not while at work at w	d abave, held an Autapsy   , Inspection   X, Inquiry   X, and in modern   M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   August 11, 1958
I certify that I taak charge of the remains described inian death resulted fram: Natural causes . Accide that I have the control of the contr	d abave, held an Autapsy , Inspection , Inquiry , and in modent , Suicide , Hamicide , Undetermined manner   M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER August 11, 1958
I certify that I taak charge of the remains described inian death resulted fram: Natural causes . Accide that I have the control of the contr	d abave, held an Autapsy   , Inspection   , Inquiry   , and in modern   , Suicide   , Hamicide   , Undetermined manner

VS. A15ME 5M 2/57





death.

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
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CERTIFICATE OF DEATH 9495 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Somerset Somer set b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ncess vears Princess Anne d. NAME OF HOSPITAL (If not in hospitat, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Antioch untioch Ave. YES NO M NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF DEATH (Type or print) AGUSTA August 1970 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours DIVORCED | Female WIDOWED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland TISA cusewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lankford Julia W. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) Salisbury. Maryland I. Porter. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 min DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, 20d. INJURY OCCURRED Year (County) (Stote) factory, street, office bldg., etc.) a. n. While Not while at work at work . 19 SK that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at 7 AM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

2 VS A15 (4)

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should FUNERAL I

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREO!

22a. BURIAL, CREMATION,

REMOVAL (Specify)

ADDRESS

tioch

Md.

22c. NAME OF CEMETERY OF CREMITORY

24g. REC'D BY REGISTRAR DATEAUG 1 1

246. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, town, or county)

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	94	96		CERTIF	IC/	ATE OF DEAT	Н		Reg. Dist.	No.	9491
1.	PLACE OF DEATH a. COUNTY	Somerse		MARYL	AND	2. USUAL RESIDENCE (M. o. STATE New	here decease	d lived. If instituti	PSSE	befare adm	ission)
I		If outside corporote limeorest town		c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF Caldwe)		prote limits, write R	URAL and give	e nearest to	wn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, s	ive street	address)		d. STREET ADDRESS 30 Overlo	ok Ro	ad			ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Martha		V. Middle		usey	4. DATE OF DEATH	Augu		7,	Year 1958
5.	female	6. COLOR OR RACE white	7. MARR	NEVER MARRIED  DIVORCED		B. DATE OF BIRTH Dec. 9, 186	7	9. AGE (In years last guthday) yrs.	Months Do	YEAR IF UN	1
10 F	o. USUAL OCCUPATION OF THE	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU	Maryla Maryla		ountry)		S.	AT COUNTRY?
13	Elias T	aylor				14. MOTHER'S MAIDEN Martha		Collins			
	. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO.		r. Everett	Sutte	er, Dame		rter	, Md.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	My	ne for (a), (b), and (c).]	inf	arction				INTERVAL ONSET AN	BETWEEN ID DEATH
	Conditions, if a gave rise to it caese (a), stating lying cause last.	immediate (	30	terioscle	rot	ic Heart D	iseas	е		Yes	ars
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	lize	d arterio	scl	NOT RELATED TO THE TERM	thrit	is	EN IN PART 1	PERI	S AUTOPSY FORMED?
	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Port I or Par	t II of item 1B.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 2  Not while  at work	PL for	ACE OF INJURY (Home, for ctory, street, affice bldg., et	m. 20f. (City c.) 8-7		(Cau	inty)	(State)
The state of the s	21. I certify the alive on	Verety	12	Author &	death	occurred at 5:		n the causes of treet, city or lawn,	ind on the	date sta	e deceased ited above. DATE SIGNED -8-58
22	G. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	2c. NAME OF CEMET Antioch				TION (City, town, o		Md. (St	ate)
23	FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS	7 ,	24a. REC	D BY REGIS		FRAR'S SIGN		

this certificate has been signed by the attending physician and campletely filled in by the funeral director, use as the burial-transit permit. Then please remove carban places. Pages 1 and 2 should be filed with amotion, ar removal, and in any event within 72 haurs after des TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the haspital ar attending physician. may be retained by the haspita

TO FUNERAL DIRECTOR: After ti
page 3 should be detached
the registrar priar to burial,

Poge 4

ERTIFICATE OF DEATH		
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		and calling land
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and the second of the second o		Terrier William
		Mary Charles of Ville

09491

	9497		CERTIFIC	ATE OF DEATH	4		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	rset		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryle	and	d lived. If institution b. COUNTY		pefore admission)
	(If outside corporate lin		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corpo		URAL ond give	nearest town)
d. NAME OF HOS OR INSTITUTION 26 W251	Ington St	give street oddr	ess)	d. STREET ADDRESS 26 Washing	gton	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) J		irst	Middle Baker	Roberts	4. DATE OF DEATH	August	_	Day Year
5. SEX	6. COLOR OR RACE	WIDOWED [		8. DATE OF BIRTH		9. AGE (In years loss birthdoy) yrs.	Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
310 0 = 3 0 0	TION (Give kind of work orking life, even if retire	done Pros	e fidewitter by out her h or Lai to	Clara, M	or foreign c	ountry)	U.S.	OF WHAT COUNTR
James M	assey Rob	erts		14. MOTHER'S MAIDEN N				
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FO	RCES? 16. SOC		s. Helen Rob	erts,	Princes		e, Md.
Conditions, if gove rise to coëse (o), stolin lying couse los	g the under-	(c) A	rferio.  Lypus  TRIBUINGTO DEATH BE	Lensian IT NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(c	5 yrs 10 yrs.
PART II. C	VAS UNDERLYING   IG CAUSE OF DEATH  FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUR	ED. (Enter noture of injury in f	Port I or Por	t II of item 18.)		YES NO
20c. TIME OF INJ Hour o. m	10	ear 20d. INJUI While of work	Not while	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City	or town)	(Cour	nty) (Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	e deceased					nd an the	date stated abov
226. BURIAL, CREMAT REMOVAL (Special	Aug.8,1		anokin Pr	esbyterien	Prin		ne	(Stote) Md.
23. FUNERAL DIRECTO	OR'S SIGNATURE.	on	ADDRESS	nne Md date	1 2 1	958245. REGIS	trar's signa	A Hraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remove carbon is a Pages 1 and 2 should be filled with the registrar prior to burial, remainin, ar removal, and in any event within 72 hours after de-VS A15 (4) 15M 9/55

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### FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: F 3 should be used as a burial-transit permit. File pages 1 c with the State Board of Health, or its designated agent, pror to barial, cremation, or removal, and in any event within plours after death. M

VS. A15ME 5M 2/57 9498

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09492

Reg. Dist. No.

erset		MA 81	rLAND.	o. STATE Mary lan			Y Somer		nission)
outside corporate fimits, write	RURAL		IN 1b	c. CITY OR TOWN (If o	outside corp				own)
	f not in hosp	l pitol, give street oddre	ss)	d. STREET ADDRESS Main Ru	oad			10	RESIDENCE I A FARM?
		Lee Middle		Shores	OF DEATH	A			Year 19 58
6. COLOR OR RACE White						9. AGE (In years lost birthday) 45 yrs.			DER 24 HRS. Min.
N (Give kind of wark of glife, even if retired)	er Tid	ND OF BUSINESS OR Yland ewater Fis	heri	es Maryland	i	ountry)	1		COUNTRY
ert Shores									
	service)	/			- wife	Address e - Deal	Island	, Md.	
iote couse DUE TO  (c)  ER SIGNIFICANT CONI		ntributing to deat	H BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV		o) 19. WAS PERFO	AUTOPSY DRMED? NO
Y Month, Doy, Yea	r 20d. II	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, form,			(County	)	(State)
ot I took chorge	of the re					spection <b>L</b> ,			nd in my
	outside corporate limits, writed land  AL OR INSTITUTION (I  Robe:  6. COLOR OR RACE  White  OR (Give kind of work or glife, even if retired)  etion Office  oert Shores  ER IN U. S. ARMED FOI  If yes, give wor or dates of street  IMMEDIATE CAUSE (e)  DUE TO  DUE TO  Ty, which  liote couse  Inderlying  OER SIGNIFICANT CONG  OER SIGNIFICANT CONG  OER WAS  OER WAS	outside corporate limits, write RURAL  Land  AL OR INSTITUTION (If not in hosp  First Robert  6. COLOR OR RACE White  WIDOWED  OR (Give kind of wark done glife, even if refired)  It ion Officer  Tid  Oert Shares  FR IN U. S. ARMED FORCES?  Iff yes, give wor or dates of service)  IM [Enter only one cause per line fith WAS CAUSED BY: IMMEDIATE CAUSE (b)  Out, which liote couse  Inderlying  DUE TO  (c)  DUE TO  (c)  SEE WAS  TRIBUTING  20b. DESCRIBE  White  Of Work  White  Officer  Out, Which  Out, Which  Out To  Out, Which  Out To  Out, Which  Out To  Ou	c. LENGTH OF STAY  land  life time  AL OR INSTITUTION (If not in hospitol, give street oddre  First Robert Lee  6. COLOR OR RACE White WIDOWED DIVORCED  ON (Give kind of wark done g life, even if retired)  Stion Officer Tidewater Fis  Oert Shores  FIR IN U. S. ARMED FORCES? If yes, give wor or doles of service)  If yes, give wor or doles of service)  THE Enter only one couse per line for (p), (b), end (c). I  H WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  TO, which liote couse Inderlying  OUE TO  ON, which SEE WAS  20b. DESCRIBE HOW INJURY OCCURRED While Not work OF While Not while OF Work OF O	C. LENGTH OF STAY IN 16   Land   Life time	coulinde corporate limits, write RURAL  Land  life time  AL OR INSTITUTION (If not in hospital, give street address)  AL OR INSTITUTION (If not in hospital	countide corporate limits, write RURAL  Life time  Land  Life time  Lost  Robert  Lee  Shores  Main Road  Lost  Robert  Lee  Shores  Main Road  Lost  Robert  Lee  Shores  Main Road  Lost  Shores  Main Road  Lost  Part  Color or RACE  White  Widowell Never Married  B. Date of Birth  Aug. 26, 1913  Maryland  Lost  Middle  Lost  Shores  Main Road  Lost  Aug. 26, 1913  Middle  Lost  Shores  Main Road  Lost  Aug. 26, 1913  Middle  Lost  Shores  Main Road  Lost  Aug. 26, 1913  Middle  Lost  Shores  Maryland  Lost  Lost  Lost  Shores  Lost  Lost  Aug. 26, 1913  Middle  Lost  Aug. 26, 1913  Maryland  Lost  Lost	contride corporate limits, write BURAL c. LENGTH OF STAY IN 1b life time Deal Island  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, give street oddress)  AL OR INSTITUTION (If not in hospital, write Deat House Shores  AL OR INSTITUTION (If not in hospital, write Deat House Shores Aland  AL OR INSTITUTION (If not in hospital, write Deat House Shores Aland  AND ARTE ADDRESS  Main Road  A. DATE OF SHITH Augus  9. AGE (in years 100 look in years 100 look in hospital)  AL DATE OF SHITH Augus  9. AGE (in years 100 look in hospital)  10. BISTHIPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)  12. BISTHIPLACE (Stote or foreign country)  13. MOTHER'S MAIDEN NAME  Lucy Kelly  14. MOTHER'S MAIDEN NAME  Lucy Kelly  15. INFORMANT  Address  Address  Address  Address  Address  Address  Address  A DATE OF BIRTH  Augus  9. AGE (in years 100 look in hospital)  14. MOTHER'S MAIDEN NAME  Lucy Kelly  15. INFORMANT  Address  Lucy Kelly  Address  Address  A DATE OF BIRTH  Augus  9. AGE (in years 100 look in hospital)  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS MAIN ROAD  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  A DATE OF BIRTH  Augus  9. AGE (in years 100 look in hospital)  16. SOCIAL SECURITY NO. 17. INFORMANT  A DATE OF SIRTH  Augus  16. SOAR ARRIED OF SIRTH  Augus  17. INFORMANT  ADDRESS MAIN ROAD  ADDRESS MAIN ROAD	countide corporate limits, write RURAL and git land life time   C. CITY OR TOWN (If outside corporate limits, write RURAL and git life time   Deal Island   Deal Island   AL OR INSTITUTION (If not in hospitol, give street oddress)   A. STREET ADDRESS   Main Road   Death Robert   Lee   Shores   August   31    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   P. AGE (In years   Months   Do   White   WIDOWED   DIVORCED   Aug. 26,1913   P. AGE (In years   Months   Do   NN (Give kind of work done   No KINDOF SUSINESS OR INDUSTRY   Marry land   U.S.   DIVIN (Give kind of work done   No KINDOF SUSINESS OR INDUSTRY   Marry land   U.S.   DETT Shores   Mary land   U.S.   Tidewater Fisheries   Mary land   U.S.    14. MOTHER'S MAIDEN NAME   Lucy Kelly   ER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Lucy Kelly   NH (Enter only one couse per lime for (p), (b), end (c).)   H WAS CAUSED BY:   Immediate Cause (e)   Occupation of the couse   Occupation of the	counted corporate limits, write RURAL and give nearest to land  life time    C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to land   Life time

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09493

Reg.	Dist.	No.

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or attending physician.

A certificate has been signed by the attending physician and completely filled in by the funeral director. Se as the burial-transit permit. Then please remave carbon permit. Pages I and 2 shauld be filed with matian, ar remaval, and in any event within 72 hours after death. HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 as be retained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, see as the burial-transit permit. Then please remove carbon permit. Pages 1 and 2 shauld be filled with a registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs often death.

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1	5N	4 1	10.	/5	7

- L					Neg. Dist. 110.
	1. PLACE OF DEATH O. COUNTY  SOMERSET	MARYLANI	o. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission) SOMER SET
	b. CITY OR TOWN (If outside corporale lie RURAL and give nearest town)	imits, write c. LENGTH OF STAY IN 1		outside corporate limits, write RU	RAL and give nearest town)
	CRISFIELD	69 YRS.	CRIS	FIELD	
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION MC CREAD		d. STREET ADDRESS	LAWSONIA	e. IS RESIDENCE ON A FARM? YES NO A
	DECEASED	First Middle FRANCI	S STERLING	4. DATE Month OF AUGUST	Day Year 26 19 58
	S. SEX FEMALE 6. COLOR OR RACI WHITE	MATRICE E TOTAL MATRICE E	1/4/1889		IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if retire HOUSEWIFE	rk done 10b. KIND OF BUSINESS OR IN ed)	DUSTRY 11. BIRTHPLACE (Stote MAR YL		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
1	HORATIO	STERLING	MAR	Y ALLEN	
7	15. WAS DECEASED EVER IN U. S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT	Addre	255
	NO		LOIS S. NOO	NAN. CRIS	FIELD, MARYLA
Conditions, if ony, which gove rise to immediate couse (a) Level Carterio selecos is DUE TO  Lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA					N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CO	20b. DESCRIBE HOW INJURY OCCUI	RED. (Enter nature of injury in	Port I or Part II of item 18.)	YES NO
	20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m. 19	While Not while	PLACE OF INJURY (Home, forn factory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
1	21. I certify that I attended the alive an Cury 26  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) C. G. R.A.		M.O. CRIS	ADDRESS (Street, city or town, st	LAND
	22g. Burial, CREMATION, 22b. DATE THERI Burial Aug. 29, 1	22c. NAME OF CEMETERY Sunnyridge		22d. LOCATION (City, town, or Crisfield, Md.	
1	23. FUNERAL DIRECTOR'S SIGNATURE  Bradshaw	& Sons—Crisfield	24a. REG		RAR'S SIGNATURE

Late ,25, 1955 | About you Commonly a the Aleitaid -brok & suishall

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09494

9500 CERTIFICATE OF DEA	Reg. Dist. No.					
1. PLACE OF DEATH 9. COUNTY 2. USUAL RESIDENCE 9. STATE	CE (Where deceased lived. If institution: Residence before admission)					
ALADVIANO I	Maryland b. COUNTY Somerset					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOW	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
Crisfield Lifetime X Cri	sfield					
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  d. STREET ADDR	ESS e. IS RESIDENCE ON A FARM?					
OR INSTITUTION.F.D. Jacksonville Rd. R.F	.D. Jacksonville Rd. YES NO					
3. NAME OF First Middle Lost DECEASED	4. DATE Month Day Year					
(Type or print) BENJAMIN FRANK WARD	DEATH August 3 1958					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  lost birthday) Months Days Hours Min.					
Male White WIDOWED DIVORCED October 7	, 1806 91 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	eld, Md. USA					
13. FATHER'S NAME						
	e Daugherty					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no or unknown) (If yes, give wor or dates of service)	Address					
No None Miss Nellie	Ward2129 N. Calvert StBalto., N					
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), one (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	males 3 de s					
DUE TO						
Conditions, if ony, which gove rise to immediate (b)	unclever syrs					
cause (o), stating the under-						
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
a comme to	YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE  20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not while of work   19 While Not while of work   19 While Not work   19 While	ury in Port 1 or Part II of item 18.)					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home	I love					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. Vhile Nat while 20e. PLACE OF INJURY (Home factory, street, office bld.	e, form, i 20f. (City or town) (County) (Stote)					
p. m. 19 of work of work						
21. I certify that I attended the deceased from 1917, to						
alive on Coursed at 3.	50A . M, from the causes and an the date stated above.					
ACTUAL Q / 10- A- 1	ADDRESS (Street, city ar town, state)  DATE SIGNED					
SIGNATURE Dank Vh. ley for M.D.						
PHYSICIAN'S Sarah M. Peyton, M.D. Ma.	in StCrisfield, Md.					
Total (Type)						
REMOVAL (Specify)	1 770 10 K A HON II the form of country) (Ca.a.)					
	22d. LOCATION (City, town, or county) (State)					
	Crisfield, Md.					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 10/S7

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	made telligible Sections			
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The state of	Dales Control			
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TO ATTENDING PHYSICIAN The bottom copy may b

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9501

## CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY DOWN EYSE! MARYLAND	STATE //Let - COUNTY SOWIETSEL
CITY (If outside corporate limits, write RURAL OR end give neerest town)  LENGTH OF STAY (In this plece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN Marion Stallon	K town//arion 3 (allon
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location)
3. NAME OF DECEASED (Type or Print) (First) (Middle)	Hastly Dearth Ace 8 19 5
M NEDCO (Specify) Wildows	OATE OF BIRTH  9. AGE lest birthday  IF UNDER 1 YEAR  Hours Min.  Annual Property American Services Am
00e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cartesian Control of the control o	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Peter Whiltington	Jarah Johnson
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (36. SOCIAL SECURITY NO Yes, no, or unk.) (If Yes, give wer or detes of service)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
110 220-12-9	761 HIVEHER Whilling on Marion, 1
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
151 × IMMEDIATE CAUSE (A) Can	cer gastrio ?
ANTECEDENT CAUSE(S) DUE TO	1 / man
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
176. MAJOK PINDINGS OF OPERATION	
	YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	

PITANG NO NTADITITION

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09496 9502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Health, MARYLAND b. CITY OR TOWN III outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, with RURAL and give pearest town) 40 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NAME OF Middle DECEASED 19 58 (Type or print) 6. COLOR OR RACE MARRIED NEVER MARRIED 1 8. DAJE OF BIRT 9. AGE (In year) IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN-OF WHAT COUNTRY during most of working life, greft iferstired) restood Worke 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one coure perfine for (0)) (b), ond (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED JO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS REFFORMED? NOF 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. (Enter\_nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 201. (City or fown) (County) (Stote) ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection DIRECTOR opinion death resulted from: Natural causes Accident Suicide . Hamicide. Undetermined manner SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL I EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 0 0 23. FUNERAN DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

Collins & Travel

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	1
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ď	9503 CERTIFICATE OF DEATH Reg. Dist. No.								
ĺ	1. PLACE OF DEATH  o. COUNTY  COMED CE	MARYLAND	o. STATE	b. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	MARYLAND	SOMERSET					
	RURAL ond give neorest fown)  CRISFIELD	RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
	EDW. W. MCCREADY MEM	to. Hosp.	/	YES NO					
	3. NAME OF First DECEASED (Type or print)	Middle  S HENRY W	Lost 4. DATE OF DEATH	Month Day Year 4 UGUST 28 1958					
	5. SEX   6. COLOR OR RACE   7. MARRII		THUTWILD	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	MALE NEGRO WIDOWEL		9/1/1915	lost buthdoy) Months Doys Hours Min.					
1	10o. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if relired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN OF WHAT COUNTRY?					
/	LABORER		MAR YLAND	U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	JOHN WILLIAMS		VIOLA KENNE:	Y					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes. no. or unknown)   (If yes, give wor or dates of service)	6 9 1 0 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NFORMANT	Address					
	2	13-18-3648AD	ELAIDE WILLIAMS	S, MARION, MD.					
	18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	PART I. DEATH WAS CAUSED BY: Company Condition (Goodle) To Consett and DEATH							
	570.5 DUE TO P								
	Conditions, if ony, which) the dominal addressed Partial Moderation Jewiso								
Н	gove rise to immediate couse (a), stating the under-								
	lying couse lost.	vess Parmis	a noyeexecto	10 dyo					
9	PART II. OTHER SIGNIFICANT CONDITIONS CO.  J. 200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER  OR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER  OR CONTRIBUTING  CAUSE OF DEATH OF THE CONTRIBUTION  CON	ONTRIBUTING TO DEATH BUT	10/0-	ONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?					
	3 Coapmine Tax	teres, 1	not wideling	YES NO					
1	200. ACCIDENT WAS UNDERLYING   20b. DESCION OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DASS	). (Enter nature of injury in Port 1 or Part II	of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year 20d. IN.	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or	town) (County) (State)					
	ZOc. TIME OF INJURY Month, Doy, Year 20d, IN. Hour o. m. While of work	IADI MIIIE	tory, street, office bldg., etc.)						
	21. I certify that I attended the decease	d from Quag 1	, 1905 to aleg 25	2., 19. 5 That I last saw the deceased					
	alive on 8 -2 5 195			he causes and on the date stated above.					
74	0. 00	PAI		t, city or town, state) DATE SIGNED					
1	SIGNATURE SLOTED COM	ellerson,	MARION STA	TION, MD.					
	PHYSICIAN'S NAME (Type) GEORGE C. COU	ILBOURN, M.	D. MARION ST.	ATION, MD.					
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATIO	N (City, town, or county) (State)					
	BURIAL AUG 31-195	FAMILY	EM MARI	ON SOM IND					
23. FUNERAD DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
	Paracles I ward m	suon: 1	DATE SEP 4 '58	arthur S. Hrans					